

Distribution:
 White - office
 Canary - buyer or inspector
 Pink - producer

MICHIGAN DEPARTMENT OF AGRICULTURE
 FOOD AND DAIRY DIVISION
 DAIRY SECTION
 P.O. BOX 30017
 LANSING, MI 48909

DRUG RESIDUE INVESTIGATIVE REPORT

(In accordance with Act 266, PA 2001 or Act 267, PA 2001)

PRODUCER #	LOCATION (County/Twp/Sec) / /	PRODUCER NAME	TELEPHONE
ADDRESS		CITY, ZIP	LBS OF MILK/DAY NO. COWS MILKING

DRUG RESIDUE INFORMATION

DATE OF POSITIVE SHIPMENT		TEST TYPE		TEST RESULTS		DRUG TYPE FOUND	
NAME OF DRUG USED				WHERE DRUG OBTAINED <input type="checkbox"/> OVER THE COUNTER <input type="checkbox"/> PRESCRIPTION			
VETERINARIAN / OTC SUPPLY NAME				VETERINARIAN'S ADDRESS			
DOSE USED	# OF TREATMENTS	ROUTE OF ADMINISTRATION	AGE OF POSITIVE COW	DAYS IN MILK	DISEASE BEING TREATED		
WAS AN "ON-FARM" TEST USED? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, TYPE _____			HERD HEALTH CHECK WITHIN 5 DAYS OF POSITIVE? <input type="checkbox"/> NO <input type="checkbox"/> YES				

SUSPECTED REASON FOR POSITIVE DRUG RESIDUE TEST

<input type="checkbox"/> POOR IDENTIFICATION OF TREATED ANIMALS	<input type="checkbox"/> PROPER WITHOLDING TIMES NOT FOLLOWED	<input type="checkbox"/> POOR SEPARATION OF TREATED ANIMALS
<input type="checkbox"/> TREATED ANIMALS MILKED WITH IMPROPER EQUIPMENT	<input type="checkbox"/> MISCOMMUNICATION BETWEEN MILKER AND TREATER	<input type="checkbox"/> FED MEDICATED FEED

DESCRIBE EVENTS WHICH LED TO POSITIVE DRUG TEST:

DRUG AVOIDANCE CONTROL MEASURES (Review each item with producer)

<input type="checkbox"/> PROPER IDENTIFICATION AND TRACKING OF TREATED ANIMALS	<input type="checkbox"/> PROPER SEGREGATION OF TREATED ANIMALS AND USE OF SEPARATE MILKING EQUIPMENT
<input type="checkbox"/> PROPER RECORD-KEEPING OF ANIMAL TREATED, DRUG AND DOSE USED, AND WITHDRAWAL TIME.	<input type="checkbox"/> EDUCATION OF PERSONNEL INVOLVED WITH TREATING AND MILKING ANIMALS. (REVIEW COPY OF 10 COMMON REASONS LISTED ON BACK.)

COMPLETED DRUG RESIDUE PREVENTION AND EDUCATION PROGRAM? ☐ NO ☐ YES DATE _____

INSPECTOR _____ INSPECTOR # _____

PRODUCER'S SIGNATURE _____ DATE _____